



Idaho EMS Bureau

TRAINING COURSE APPLICATION

Course Identification Label

Section 1: COURSE INFORMATION:

DATE: _____ Enrollment: Open ☐ Closed ☐

LEVEL OF TRAINING: Beginning Date: _____ Ending Date: _____ Total Hours: _____

☐ FIRST RESPONDER ☐ BASIC ☐ ADVANCED

Number of Students

TYPE OF COURSE:

☐ INITIAL ☐ REFRESHER ☐ OTHER _____ DAYS: S M T W T F S

☐ ☐ ☐ ☐ ☐ ☐ ☐

SPONSORING AGENCY/INSTITUTION:

Name of Agency	Street Address	City	Zip Code	Contact Name	Phone

COURSE LOCATION:

Name of Facility	Street Address	City	Zip Code	County

CLINICAL FACILITIES:

Name of Facility	Street Address	City	Zip Code	Contact Name	Phone

ADDITIONAL INFORMATION:

Primary Textbook	Edition	Instructor Reference Resource	Source of Training Equipment

SECTION2: PERSONNEL INFORMATION

COURSE COORDINATOR:

Name	Mailing Address	City	Zip Code	Day Phone #	E-Mail Address

MEDICAL DIRECTOR:

Name	Day Phone #

PRIMARY INSTRUCTOR:

Name	Day Phone #

ASSISTANT INSTRUCTORS:

Name	Day Phone #

GUEST LECTURERS:

Name/Title	Day Phone #

CLINICAL PRECEPTORS:

Name/Title	Day Phone #

SECTION 3: SIGNATURE / AGREEMENTS

Course coordination agreement: I agree to serve as the course coordinator for this course and will adhere to the responsibilities of the course coordinator as listed in the *Training Standards Manual*.

Signature _____ Name _____ Date _____

Medical director agreement: I agree to serve as medical director for this course and will adhere to the medical director requirements as listed in the *Training Standards Manual*.

Signature _____ Name _____ Date _____